MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-027799

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 138 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10355
20356
3 2
4 0
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9446X
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12 2-0
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH — FILED JUL 19 1963
a. COUNTY: DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KENNETT,
Length of stay in 1b: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DUNKLIN CO. MEMORIAL
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY: DUNKLIN
c. CITY OR TOWN: MALDEN,
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 207 W. MAIN ST.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JAMES Middle SAMUEL Last ESKEW
4. DATE OF DEATH: Month JULY Day 9, Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-15-1888
9. AGE (last birthday): 74 Yrs.
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): HOPKINSVILLE, KY.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOSEPH H. ESKEW
13b. MOTHER'S MAIDEN NAME: LAURA STRONG
14. NAME OF HUSBAND OR WIFE: DOLLIE L. ESKEW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of servi): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: DOLLIE L. ESKEW, Address: MALDEN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Nephrosclerosis — 3 years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-1-62 to 7-9-63 and last saw her/him alive on 7-8-63
Death occurred at 11.55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne Cloar M.D.
22b. ADDRESS: Malden Mo
22c. DATE SIGNED: 7-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-11-63
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) (State): MALDEN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: DAY & KNIGHT F.H.-MALDEN, MO.
25. DATE RECD. BY LOCAL REG.: 7-15-1963
26. REGISTRAR'S SIGNATURE: Earl Hinshaw

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1963

SEP 17 1963

JUL 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. R. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.